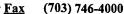
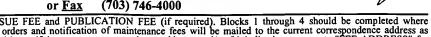
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

03/01/2004

Matthew D. Rabdau, Patent Attorney Sharp Laboratories of America, Inc. 5750 NW Pacific Rim Boulevard Camas, WA 98607



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Matthew	D. Ra	abdau,	Reg.	#43,026	(Depositor's name)
Mush	-11/	1			(Signature)
May 18,	2004				(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/008,881	11/08/2001	Mark Albert Crowder	SLA 0629	5303

TI E OF INVENTION: 2N MASK DESIGN AND METHOD OF SEQUENTIAL LATERAL SOLIDIFICATION

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	0	\$300	\$1630	06/01/2004
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ISAAC, STANETTA D		2812		438-487000	_	
FR 1.363).	e address or indication of "Fe ence address (or Change of C 22) attached.		names of agents OR, firm (havin	ing on the patent front p up to 3 registered pate alternatively, (2) the na g as a member a registe the names of up to 2 re	nt attorneys or 1 Matti ame of a single ared attorney or 2 David	new D. Rabdau I C. Ripma
"Fee Address" indication (or "Fee Address" Indication form			attorneys or agents. If no name is listed, no name will be printed.			
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